AF/28/2



Attorney Docket No.: 01CON272P

AMENDMENT COVER SHEET

N RE APPLICATION OF: Fazelpour, S.					
N RE APPLICATION OF: Fazelpour, S. ERIAL NO.: 10/025,438 FILED: December 19, 2001					
FOR: Method For Integrating Passives On-Die Utilizing Under Bump Metal And Related Structure					
SERIAL NO.: 10/025,438 FILED: December 19, 2001 FOR: Method For Integrating Passives On-Die Utilizing Under Bump Metal And Related Structure HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS Mail Stop AF, P.O. Box 1450, Alexandria, VA 22313-1450					
Sir:					
Γransmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper s hereby requested.					
No additional fee is required.					
☐ The fee has been calculated as shown below:					
☐ EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE		
☐ EXTENSION FEE FIRST MONTH AFTER TIME PERIOD SET		_	FEE \$		
	Non-Small Entity	Small-Entity			
FIRST MONTH AFTER TIME PERIOD SET	Non-Small Entity 110.00	Small-Entity 55.00	\$		
FIRST MONTH AFTER TIME PERIOD SET SECOND MONTH AFTER TIME PERIOD SET	Non-Small Entity 110.00 410.00	Small-Entity 55.00 205.00	\$		
FIRST MONTH AFTER TIME PERIOD SET SECOND MONTH AFTER TIME PERIOD SET THIRD MONTH AFTER TIME PERIOD SET FOURTH MONTH AFTER TIME PERIOD SET TOTAL EXTENSION FEE \$ FEE FOR EXTRA CLAIMS added by Amendment in this	Non-Small Entity 110.00 410.00 930.00 1,450.00	Small-Entity 55.00 205.00 465.00	\$ \$ \$		

_	Column	Column 2	Columnia			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	32	MINUS **32	*=0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	*=0	x 84	x 42	\$
First presentation of	f multiple depender	nt claim	+ 280	+ 140	\$	

TOTAL FEE FOR EXTRA CLAIMS \$ ____

^{*} If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

^{**} If the number of Total Claims previously paid for is less than 20, write "20" in this space.

^{***} If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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	Total fee for Supplemental Information Disclosure Statement \$				
	Enclosed is the total fee of \$	(Payment by Credit Card, Form PTO-2038 Enclosed).			
	Please charge Deposit Account No. 50-0731 in the amount of \$				
X	The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.				
Date: _	6/3/03	By: Michael Farjami, Reg. No. 38,135			
		CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Mail Stop AF, P.O. Box 1450, Alexandria, VA 22313-1450, on: 6/3/03			
Farjami 16148 S Irvine, (Farjami, Esq. & Farjami LLP Sand Canyon CA 92618 84-4600	Signature Lori Llave Typed or Printed Name of Person Mailing Paper and/or Fee			